

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **09/701797** FILING DATE  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2	/						52					
3	/						53					
4		/					54					
5		/					55					
6		/					56					
7		/					57					
8	/						58					
9		/					59					
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12	/						62					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	7						TOTAL DEP.					
TOTAL CLAIMS	12						TOTAL CLAIMS					